

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Organization for Marriage Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569939	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mission Public Affairs</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2014</b>	
Mailing Address <b>1415 L Street</b> <b>Suite 1250</b>		Amount <b>15000.00</b>	
City <b>Sacramento</b>	State <b>CA</b>	Zip Code <b>95814</b>	Transaction ID : <b>SE.4118</b>
Purpose of Expenditure TV ads production and buy	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 28 / 2014</b>	
Name of Federal Candidate <b>THOMAS COTTON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>15000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mission Public Affairs</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2014</b>	
Mailing Address <b>1415 L Street</b> <b>Suite 1250</b>		Amount <b>15000.00</b>	
City <b>Sacramento</b>	State <b>CA</b>	Zip Code <b>95814</b>	Transaction ID : <b>SE.4119</b>
Purpose of Expenditure TV ads production and buy	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 28 / 2014</b>	
Name of Federal Candidate <b>MARK LUNSFORD PRYOR</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>30000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>30000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>30000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brown S Brown

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 29 / 2014**

Signature